



**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION FORM AAC-2**

Revised December 30, 2003

# ADVFs Requested:	Amount Paid	Postmark Date:	ADVf No:	Agency Interest No.
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I. TYPE OF NOTIFICATION (CIRCLE ONE) **ORIGINAL** **REVISED** **CANCELED** **ADDITIONAL** **ANNUAL (Maintenance)**

II. FACILITY INFORMATION

OWNER NAME:	CONTACT:	TELEPHONE #:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

REMOVAL CONTRACTOR:	LA CONTRACTORS LICENSE #:	ON-SITE SUPER NAME:	ON-SITE SUPRV ACCRED #:
MAILING ADDRESS:	CONTACT:	SUPRV. EXPIRATION DATE:	
CITY:	STATE:	ZIP CODE:	TELEPHONE #:

OTHER OPERATOR:	PROJECT DESIGNER #:	CONTACT:	TELEPHONE #:
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

III. FACILITY DESCRIPTION

FACILITY NAME:	MANAGEMENT PLANNER #:	FIRE MARSHAL PROJECT #:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP CODE:
SITE LOCATION: (BUILDING NAME, ROOM NUMBER, FLOOR, ETC.)		TELEPHONE #:	BUILDING SIZE:
# OF FLOORS	AGE IN YEARS:	PRESENT USE:	PAST USE:

IV. IS ASBESTOS PRESENT: (CIRCLE ONE) YES NO	INSPECTION DATE:
INSPECTOR'S NAME:	INSPECTOR'S ACCREDITATION #:
PROCEDURE INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:	

V. TYPE OF OPERATION: (CIRCLE APPROPRIATELY) **DEMO** **RENO** **ORDERED** **EMERGENCY** **NEGATIVE DECLAR**

VI. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING

REMOVAL TIMES: (CIRCLE ONE) NORMAL BUSINESS HOURS AFTER HOURS WEEKENDS HOLIDAYS	RACM/ CATEGORY I & II TO BE REMOVED (DESCRIBE MATERIAL)		RACM - UNIT OF MEASUREMENT (TYPE IN AMOUNT)		NONFRIABLE ACM NOT TO BE REMOVED DURING DEMOLITION	
	RACM	CAT I/CAT II	UNIT		CAT I/ Cat II (packings, gaskets, resilient flooring, asphalt roofing, cloth, etc.)	
PIPES			Linear Ft:	Linear m:		
SURFACE AREA			Square Ft:	Square m:		
VOL RACM OFF FACILITY COMPONENT			Cubic Ft:	Cubic Yds:		

VII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)	START:	COMPLETE:
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VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)	START:	COMPLETE:
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REMIT TO: DEQ/REGISTRATIONS AND CERTIFICATIONS, P. O. BOX 4313, BATON ROUGE, LA 70821-4313 TELEPHONE # (225) 219-3032

*Note: Effective July 1, 2003, fees for ADVFs are \$66 (at least 10 working days notification given) and \$99 for emergencies (less than 10 working days notification given).

CHECK OR VOUCHER NO.

NOTIFICATION OF DEMOLITION AND RENOVATION FORM –AAC-2 (continued) Rev 12/30/03**IX. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED:****X. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS:****XI. WASTE TRANSPORTER #1**

NAME:	DEQ SW TRANSPORTER #:	CONTACT:	TELEPHONE #:	
ADDRESS:		CITY:	STATE:	ZIP CODE:

WASTE TRANSPORTER #2

NAME:	DEQ SW TRANSPORTER #:	CONTACT:	TELEPHONE #:	
ADDRESS:		CITY:	STATE:	ZIP CODE:

XII. WASTE DISPOSAL SITE:

NAME:	CONTACT:	TELEPHONE #:	
LOCATION:	CITY:	STATE:	ZIP CODE:

XIII. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY:

NAME:	TITLE:	AUTHORITY:
DATE OF ORDER (MM/DD/YY):	DATE ORDERED TO BEGIN (MM/DD/YY)	

XIV. FOR EMERGENCY RENOVATIONS:

DATE AND HOUR OF EMERGENCY (MM/DD/YY):	DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE (OR AN UNREASONABLE FINANCIAL BURDEN):	

XV. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (LAC 33:III.CHAPTER 27, APPENDIX A/40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.**_____
(SIGNATURE OF OWNER/OPERATOR/CONTRACTOR)_____
(DATE)**XVII I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**_____
(SIGNATURE OF OWNER/OPERATOR/CONTRACTOR)_____
(DATE)

PURSUANT TO R.S.40.1574 A&B, BE ADVISED THAT NO CONSTRUCTION OR RENOVATION CAN BEGIN UNTIL THE PLANS AND SPECIFICATIONS ARE REVIEWED BY THE OFFICE OF THE STATE FIRE MARSHAL OR IT IS DETERMINED BY THAT OFFICE THAT PLANS ARE NOT REQUIRED TO BE SUBMITTED